



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/160210

PRELIMINARY RECITALS

Pursuant to a petition filed August 22, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a telephone hearing was held on September 23, 2014.

The issue for determination is whether the agency correctly denied Petitioner's application for BadgerCare Plus (BC+).

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Simone Johnson
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County. Petitioner's household size is 1.
2. Petitioner receives medical assistance as she is disabled and receiving SSI benefits.
3. Petitioner has been receiving MA since August 1, 1996.

4. On July 23, 2014 Petitioner applied for BC+.
5. On July 24, 2014 the agency denied Petitioner's application for BC+ because Petitioner is receiving healthcare benefits through the SSI program.
6. On August 22, 2014 the Division of Hearings and Appeals received Petitioner's request for fair hearing.

DISCUSSION

To be eligible for Medical Assistance an individual must meet nonfinancial eligibility criteria that include the threshold requirement that a person be elderly, blind, or disabled. See *Medicaid Eligibility Handbook*, § 4.1. Elderly is defined as one who is over age 65. *Id.*, §5.1. Disabled means that a person has been determined by the Disability Determination Bureau to have a disability or is receiving Social Security Supplemental Security Income (SSI) or Social Security Disability Income (SSDI). See *Medicaid Eligibility Handbook*, §5.2.

In this case Petitioner applied for health care coverage on July 23, 2014. At that time Petitioner was receiving MA as she is disabled and receives SSI. I am not sure of the exact nature of Petitioner's disability; however Petitioner does not appear to be based in reality. At the hearing Petitioner stated that she has been trying to get SSI since 1993. The records show that Petitioner has been receiving SSI since 1998 and SSI-MA since 1996. The case notes reflect that in July Petitioner called the agency requesting health insurance coverage for a child she just had. Petitioner is 51 years old. She could not remember when or where she had the child. She never provided the agency any further information about a child.

Petitioner states that she wants BC+ because she is not receiving MA. The records indicate that Petitioner has MA health coverage due to her disability. Therefore, she is not eligible for BC+.

CONCLUSIONS OF LAW

The agency correctly denied Petitioner's application for BC+ because she already has insurance coverage through SSI-MA.

THEREFORE, it is

ORDERED

That the Petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

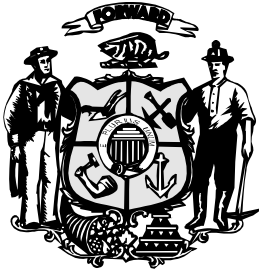
You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 1st day of October, 2014

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on October 1, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability